

## **United States Senator • Alabama**

## PRIVACY RELEASE FORM

ETITIONER/APPLICANT:
ADDRESS:
ZITY, STATE, ZIP:
ELEPHONE NUMBER:
LIEN NUMBER (if any) DATE OF BIRTH:
COUNTRY OF BIRTH:
MAIL ADDRESS:
SENEFICIARY NAME:
OATE OF BIRTH:COUNTRY OF BIRTH:
LIEN NUMBER (if any):
SCIS RECEIPT # OR TRACKING #: (no Social Security #)
PLACE OF FILING:PLACE OF FILING:
MAIL ADDRESS:
form Type(s) – check all that apply:
□ G-639 □ I-90 □ I-129 □ I-129 □ I-130 □ I-131 □ I-140 □ I-212 □ I-290B □ I-360   □ I-485 □ I-526 □ I-539 □ I-589 □ I-590 □ I-600A □ I-600 □ I-601 □ I-612 □ I-690   □ I-730 □ I-751 □ I-765 □ I-821 □ I-824 □ I-829 □ I-914 (Supplement A, B, or C)   □ I-18 □ I-1

The Privacy Act of 1974 prohibits the government from revealing any information from personal files of individuals without the express written permission of the person involved. The disclosure of personal records to a Senator who is acting on behalf of a constituent is prohibited, unless the individual to whom the record pertains has consented. I, the undersigned, hereby authorize the release of all pertinent information to Senator Richard Shelby and/or his staff to make an inquiry on my behalf to the \_\_\_\_\_\_(Name of Agency). I, hereby, give permission to Senator Richard Shelby and/or his staff to receive information from any involved Agency in regard to the following matter: STAFF MEMBER (print):\_\_\_\_\_PHONE:\_\_\_\_ Email Address: Section below to be completed by the person who is the subject of the records: I certify, under penalty of perjury, that 1) I provided or authorized all of the information in this privacy release and any document submitted with it; 2) I reviewed and understand all of the information contained in my privacy release and submitted with it; and 3) all of this information is complete, true, and correct. I, (print your name) \_\_\_\_\_\_, authorize USCIS to release information contained in my USCIS records as relevant to checking my case status, and to the extent permitted by law, to Senator Richard Shelby and the Member's staff.

Signature (sign in ink): \_\_\_\_\_ Date: \_\_\_\_\_

Phone: E-mail: